# Application under section 4 of the Certification of Death (Scotland) 2011 Act

Please note that **all** sections of this form must be completed. The medical certificate of cause of death **must** be included with this application.

## Section A – applicant details

Full name:

Address:

Please provide at least one method of contact:

* Telephone number:
* Email address:

Reason why applicant classifies as an “interested person”[[1]](#footnote-2) (please tick). Applicant is:

a person who, under the Registration of Births, Deaths and Marriages (Scotland) Act 1965, is required or stated to be qualified to give information concerning the deceased’s death

a health care professional (or other carer) who was involved with the deceased’s care prior to the deceased’s death

the funeral director responsible for the funeral arrangements of the deceased[[2]](#footnote-3)

the person having charge of the place of disposal of the body of the deceased[[3]](#footnote-4)2

## Section B – Deceased person’s details

Has the funeral taken place? If no, when is the funeral planned for? ...........................

Name (as it appears on the death certificate):

Date of death:

Registration district number:

Registration entry number:

## Section C – Relevant information

Please provide any additional relevant information regarding this application

## Section D – Declaration

The applicant hereby certifies that to the best of their knowledge and belief the information contained in this application is complete, and correct, and, that the date of death occurred:

* on or after 13 May 2015 **and**
* within the last 3 years

Signature of applicant (manual or electronic):  
Date:

1. The term “interested person” is defined in section 4(5) of the Certification of Death (Scotland) Act 2011 [↑](#footnote-ref-2)
2. Assistance on how to determine whether a person falls within this category is provided in Scottish Government guidance. [↑](#footnote-ref-3)
3. [↑](#footnote-ref-4)